U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9780	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number and address of labor organization
Name JOHN C RADER	Name UNITED ASSOCIATION OF PLUMBERS LOCAL 342
	Labor Organization File Number 033-320
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number if any
Street 935 DETROIT AVENUE	Street 935 DETROIT AVENUE
City CONCORD	City CONCORD
State California ZiP Code + 4 94518-2501	State California ZIP Code + 4 94518-2501
5 Position in labor organization EXAMINING BOARD	
monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any	7 a Nature of Interest, Transaction, or Income
P O Box Bldg , Room No , if any	7 b Amount
City	
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed John Ch	On 8/11/5 707-446-9272 Date Telephone Number

Name of Person Filing JOHN RADER	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box Bldg Room No if any Street City State ZIP Codu + 4	9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
	125 Amanus
	12 b Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No if any Street City State ZiP Code + 4	14 a Nature of payment 14 b Amount of payment

LM-30

"I have made a diligent search of employers, businesses and/or vendors with which the union is involved. I have made as complete disclosure as I am advised by counsel that I am required to make, and I have made such required disclosures that, after a search of our records, I can now recall."

John Rader

Date